

CLAIMS ONLY						Application Number <i>10/528993</i>	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1	I						
2		I					
3			I				
4				I			
5					I		
6						I	
7							I
8							
9							
10							
11							
12							
13	I						
14		I					
15	I						
16		I					
17			I				
18				I			
19					I		
20						I	
21							I
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34							
35							
36							
37							
38							
39							
40							
41							
42							
43							
44							
45							
46							
47							
48							
49							
50							
Total Indep	3						
Total Depend	15						
Total Claims	18						